

10/521498

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10							
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17	/						
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19	/						
20							
21	/						
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34							
35	/						
36	/						
37	/						
38	/						
39	/						
40							
41							
42							
43							
44	/						
45							
46							
47							
48	/						
49							
50	/						
TOTAL IND.	23		↓		↓		↓
TOTAL DEF.	30	←	←	←			
TOTAL CLAIMS	23						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52	/						
53			1				
54			/				
55	/						
56							
57							
58							
59							
60							
61							
62			1				
63	/						
64							
65	/						
66			1				
67			/				
68	/						
69			1				
70			/				
71	/						
72			1				
73			/				
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75							
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92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEF.		←	←	←			
TOTAL CLAIMS							